



ORIGINAL ARTICLE

The melancholic endokinesis: from Hubertus Tellenbach's psychological Typus to the Clock genes biology

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Endogenous, somatogenic and psychogenic concepts are confronted in the frame of reference of Hubertus Tellenbach's reaction and situation concepts. The melancholic endokinesis process is described starting from the situation of Tellenbach's psychological typus, leading to melancholy. The Endogenous concept is at the crossroad between "lived experience" and somatic genesis. The important discoveries of the mechanisms of the Clock polymorphism risk hypostatizing the biological conceptualization of the Endon by identifying the Clock system with the Endon.

Keywords: Endokinesis, melancholia, Clock genes, melancholic type, endogenous, situation, temporalization

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It's the last death of Captain Nemo. Soon I too will die.

All of my childhood was deprived, in that moment, of any possibility of enduring.

Fernando Pessoa

INTRODUCTION

Hubertus Tellenbach's (1974/2015) description of the personality features of the so-called *melancholic type* shows commonalities with the way psychiatrists proceed today. Indeed, the melancholic type is unaware of its own contribution to a construction of a world based on rigid axiological values. Similarly, current psychiatrists are unaware of their basic ontological and epistemological beliefs, which shape the way they describe and hierarchically order the symptoms they describe.

Considering that both the ethical and scientific perspectives are influenced from their own historical context (Bateson, 1972/1976), we have to reconceive Tellenbach's interpretive model in its own historical development and eventually update it.

First, it is always necessary to consider the different epistemological clinical approaches to psychopathology which, excluding in this context the interpretative ones, are based on two prevalent perspectives: the method of the natural sciences, addressed to the organic physiopathology, and the human sciences, devoted to the hermeneutic *comprehension* of

the *lived* psychological articulation.

The methodology of the natural sciences, which is currently revealing interesting pathophysiological mechanisms, necessarily ignores the experiences, with the risk of degrading psychopathology to pathophysiology. On the contrary, the human sciences, lacking experimentally demonstrated concepts, turn into hermeneutics. In psychiatry, each method inevitably leads to questioning the truthfulness and well fondness of the other one, thus impoverishing the scientific progress. In this perspective, the phenomenological method appears extremely topical in understanding lived experiences that are embodied and interconnected with the biological data. In other words, hermeneutics allows the patient's conditions of existence to manifest themselves. The phenomenological interpretation clarifies the particular constitution of the experience that belongs to this condition of *presence-at-the-world*. In this perspective, the phenomenological interpretative model of Tellenbach's melancholia, whose syndromic outcome is mainly recurrent unipolar depression, constitutes a fascinating

field of application.

Erwin Straus (1987/2006) reminds us that we must get rid of the common opinion according to which experiences must be interpreted as physiological events in a body or psychological events in an individual, to be ready to understand that all our experiences are experiences of our relationship with the world. Tellenbach's concept of *Endon* must be considered as a topos at the crossroads between *lived* and *somatic* genesis, in addition to the necessary rediscovery of the *sense* of the psychological construct of the *melancholic type*, in the context of recent scientific acquisitions. Through the phenomenological study and Ernesto De Martino's (1977/2002) anthropological perspective, the distinction between "normal" and "abnormal" proceeds by analyzing the *sense* of behavior, the *sense* of universal culture, and the *sense* of any particular civilization.

ENDOGENOUS, SOMATOGENIC, PSYCHOGENIC, REACTION, SITUATION

In psychiatry, during the last century, there was a great debate on taxonomic systematics. The classification of the forms of depression, aimed at identifying those depressions that had a likely pathophysiological basis, was defined as: endogenous/reactive, primary/secondary, bipolar/unipolar, and psychotic/neurotic. In essence, they were all defined as discrete entities. Furthermore, even if the researchers were able, from time to time, to identify which classification to use, adequate evaluation tools were not available to obtain clinical information. Valid and reliable diagnostic criteria were not available for the classification of different subcategories of mood disorders, even if the pathophysiological premise supported and continues to support research. Naively believing that our perception of the external world was sufficiently reliable, the introduction of operational criteria of the various editions of the "Diagnostic and Statistical Manual of Mental Disorders", centered on positive symptoms, have widened the audience of observers accredited to make diagnoses, however transforming the clinical psychopathological tradition in an unuseful tool.

In psychopathology, "*Reaction*" or "*Adjust-*

ment Disorder" means what happens in our mind due to, and in response to, recognizable and understandable external environmental events.

The concept of *Typus melancholicus* also illustrates a reaction to events, although causality originates from predisposition. What characterizes this reaction, defined by Tellenbach *endo-cosmo-genetic*, and how the mind carries out a reaction under its founding premises, i.e. the personological structure of the *Typus melancholicus*, constitutes the premise that leads to the adaptation to a distressing event that specifically can disturb the typus in his *situation*. (Castignoli, 2019). This evolution potentially proceeds from the pre-melancholic position towards Melancholia.

Karl Jaspers has a different opinion of the concept of *situation* than Tellenbach, who binds it in etiopathogenetic sense to melancholic transformation. Jaspers (1946/1963, p. 325) says:

"The basic human situation is that each one stands in the world as an individual, a finite being, dependent but always with a possibility for activity within certain changing but none the less constricting bounds. Living is an encounter with a world which we call concrete reality. To live involves struggle, impact, creation. It means breaking against the world, adapting to it, learning and getting to know it." He adds: "In real life, the situation releases activity, and gives birth to performance and experience; it may evoke them in some way or put them forward as something that has to be done"

In psychiatry, traditionally, the concept of *endogenous*, alongside the *somatogenic* and the *psychogenic*, is identified as a third causality field. Hans Jorg Weitbrecht (1963/1970) has always opposed this discrete demarcation, in terms of *endogenous* versus *reactive*, recognizing the presence of the *endoreactive dysthymia*. What he defines as *vitalized depressive reactions* seems to retrace the pathogenesis of melancholia. While maintaining a critical attitude towards Endon's concept, he considers it as a third causal field in addition to the size of *psiche* and *body*. Endogenous phenomena are expressive forms of the *Endon*, whose characterization has been extremely insecure since the beginning. It seems to be part of the body dimension but, so to speak, in an extra-territorial way, as a non-localizable

component which imposes itself more as a general modality of corporeality than as a part of it.

Weibrecht believed that there was nothing already ascertained about the matrix, or substrate, from which endogenous psychoses originate. Each theory depends on hypotheses and personal convictions. Weitbrecht (1963/1970) says that if we admit that 'endogenous' is equivalent to cryptogenic, genuine, essential, we are closer to our current situation of not knowing, because the concept of endogenous remains in the vague. He adds that we can contrast to the "endogenous factor" understood in this sense, an "exogenous factor", intended as something *foundable on a somatic basis* in the sense of Kurt Schneider.

Karl Bonhoeffer (1940) studied the exogenous, and broadly unified the clinical picture by describing five clinical varieties of an underlying "Acute Exogenous Reaction", namely: delirium, epileptiform excitement, crepuscular state, hallucinosis, and amentia. He believed that the concept of exogenous was related to detectable brain dysfunction. In his descriptions, we find an unusual condition for psychiatry that in this case can make a diagnosis not of a syndromic picture but of a disease related to a potentially reversible cerebral dysfunction, with an understandable pathophysiology of the underlying disorder. In this sense, for Bonhoeffer (1940), the evaluation of the sensorium, including the patient's spontaneous and induced attention, his orientation, the degree of consciousness, his comprehension and judgment, may clarify whether in a confusional state do exist the characteristics of an acute organic brain syndrome, or whether this confusional state represents an acute functional psychosis, particularly acute schizophrenia. The clinical exploration has to clarify and confront the difficulties the patient experiences in communicating, and shall explore his ability to introspect. This evaluation may contribute to the differential diagnosis between organic and schizophrenic confusional states. The reaction, which is at the basis of the clinical pictures of drugs abuse, is usually traceable on a phenomenic level through the detection of a disorder of consciousness, which is almost a sort of compass in these clinical pictures. On

the contrary, the comprehensibility becomes vaguer in the evaluation of the endogenous. In addition to the clinical observation of a strictly symptomatic phenomenal peculiarity, it can guide us the evaluation of the characteristics of the phenomenological intersubjective clinical relationship, in particular the study of the epistemological articulation of the "temporalization" and of the "experience of the lived space".

Kurt Schneider (1962/1983, p.8) says:

"We do not know the pathological processes that underlie cyclothymia and schizophrenia. However, they are diseases, and this is a very well-founded hypothesis"

He considers reliable the hypothesis of the endogenous psychosis as a disease. Furthermore, the endogenous thus defined would not exclude the possibility of mutating, one day, totally or partially in exogenous, if the researchers have made further progress. He believes the cyclothymic depression to be an endogenous depression. Schneider (1962/1983) speaks of the psychotic "incomprehensibility" of endogenous depressions, mainly when nihilist delusions occur, as in the case of the Cotard's syndrome. In this syndrome the patient can negate its own existence and that of own body, and this "incomprehensibility" (according to Karl Jaspers), is so absurd that the picture has been considered to be based on a somatic dysfunction. The severe forms that affect the deepest layers of the personality are visible through the "vital sadness" that involves a general modification of a series of behavioral, ideational, and vegetative functions. Schneider (1962/1983, p.97) adds that:

"The frequent diagnoses of schizophrenia and cyclothymia are still put today exclusively on psychopathological grounds, that is to say, de facto they are purely psychological conditions"

To sum up, psychiatry would have identified the peculiar specificity of these psychoses with the appropriate concept of endogenous, but later it has transformed it in a somatic construct, with the consequence of transforming the endogenous in a vague concept, rather than a strictly defined one.

In Tellenbach's (1974/2015) view, the con-

cept of Endon corresponds to Heidegger's (1927/1976) thrownness. He adds that:

"In man, it is endogenous every thing that reappears in the events as a fundamental unit of the form with the development of time, i.e. its ipseity. In the encounter with the world – the world to which we belong and the environment – and with ourselves, the Endon can remain shaken, misled, even threatened in its existence. There is such a threat to the Endon when are imposed to the human being some existential modalities that he cannot (yet) implement but to which he cannot even escape. The existence of a person is thus threatened in its self-realization. We conceive the endogenous psychoses as one of the possible forms of expression of an Endon that has undergone this shock"

THE MYSTERIOUS LEAP FROM THE PSYCHE TO THE BODY

In endogenous depressions, where no events preceding the onset are objectively significant and can highlight a relationship of *comprehensibility* with the clinical picture, vital sadness is meaningless from a biographical and psychological point of view. This *incomprehensibility*, which traditionally refers to the organic substrate as its pathogenetic mechanism, is what the clinician usually needs to make a diagnosis of endogenous psychosis.

It is a reliable "lack of meaning" that we do not find in reactive depressions secondary to an event, where the hypothesis of a continuity of meaning has been studied by the psychopathological tradition with two different perspectives.

The first perspective focused on the biographical aspects, on the historical succession of the Ego states, placed in a significant chain in its relationships with a specific type of personality: this refers to the notion of "Personality Development". In this perspective, Kretschmer's (1918/2013) studies on the sensitive delusion of reference are significant. The second perspective is Tellenbach's (1974/2015) view of an endogenesis of the melancholic world of the delusional guilt. To unite both points of observation, Stanghellini and Ballerini (1992) highlight the commonality of many traits of the basic typology, which in turn are also shared with the obsessive personality.

However, Straus (1987/2006) stresses the differences between the obsessive and the *typus* in his analysis. Furthermore, it is sufficient

to reflect on our historical existence, not the history we undergo but that one we make, which is always in relation to the others, being those individuals or groups. It is only as a counterpart to other beings that I realize myself. Then we can understand how, for the *typus*, the others are only means to build a pseudo-history, which is threatened by guilt when the melancholic endocinesys emerges, which inevitably reveals the underlying bad faith of the constellation of the *inclusion*. In this sense, during the crisis, the melancholic person arrives to feel how "insincere and lying" his social conformism is, realizing to have led a non-authentic life, in the sense that Sartre (1945/1964) gives to "inauthenticity", i.e. as bad faith or awareness of having lied to himself. The consequent feeling of self-disappointment is expressed at the symptomatic level through the repeated and inedible public self-denunciation of falsehood and guilt.

In the relationship between premorbid personality and mood disorders, Kretschmer (1921) focused on the correlation between premorbid personality and dysthymia, by identifying the existence of relationships between somatic characteristics and fundamental traits of the character. Later, the psychodynamic and anthropophenomenological movements explored in-depth these relationships.

From a phenomenological perspective, Tellenbach highlights the empirically grasped characteristics of the premorbid personological structure of the *Typus melancholicus*, a potential candidate for the development of *monopolar depression*. The structural character of *orderliness*, i.e. the attachment to the order, shapes its relationships with the *Self* and with the *World*. In its simplicity, the *Typus melancholicus* constantly rearranges what fills his daily life in the name of scrupulousness and of the sense of duty. His availability is only apparently interested in others; rather, it is focused on the need to maintain the order and ensure performance. He shows concern and fidelity, qualities that are highly appreciated in the professional field. The order becomes necessary not to *fall behind*. The *typus* abhors conflicts in interpersonal relationships, and keeps himself away from it, to the point of showing himself *inauthentically*.

He offers himself to the others but for not being in debt or in obligation to someone, a condition that would be intolerable for him. With himself also, the *Typus melancholicus* adopts an almost tyrannical rigor, demanding to oneself high-level performances with a commitment beyond measure together with qualitatively impeccable results. The high standards in one's performances are aimed at gratifying the others' expectations. Together with his conscientiousness, they protect him from guilt and from the irruption of chance. However, these same features, when he unwillingly finds himself in a specific *situation*, may place him in the so-called *premelancholic situation*, thus revealing a significant underlying vulnerability towards melancholy.

His theory of what values in his zealous and impeccable behavior, of what he stoically wishes to pursue for his good, is an obscure and arbitrary *summum bonum* which constitutes his personal axiological perspective. Of this particular perspective, the other person cannot grasp the internal nature and criteria of determination. The primary adherence to his own values makes it impossible even the hypothesis of doing without it. Even to be simply indifferent is impossible. The axiological values in question are a constant and inexhaustible source demanding accomplishment.

Includence is the condition of being locked up and immobilized inside the limits that are imposed by the orderliness, while *Remaining* is the temporal situation of a subject who fears to remain behind, to be uncompliant with the need of action, with consequent inability to self-fulfillment.

The *typus* must do what it has set himself, and he has only limited safety margins. When the *typus* has to abandon an existential order for another, as in the case of illness or moving house, the problem risks becoming insoluble. Chance or guilt can threaten the ability to maintain the order, so he tries to avoid this possibility.

From a different epistemological perspective, that of the psychodynamic model, the high level of activity promoted by the includence has a counterpart in the high-level defensive operations of the organization of personality. According to Kernberg (1986), in particular we shall consider

the *reactive formation*, a psychological attitude which is the opposite of a repressed desire. Perhaps also here it passes the *typus'* removed "authenticity", in its being constituted as a reaction against it, which modifies both the character and the behavior, in order to protect the patient from his intrapsychic conflicts.

This high-level defense mechanism causes difficulty in experiencing emotions, although the person appears to be heavily involved in relationships. In the *typus* it is expressed a radical *reactive formation*: i.e. an unconscious defense mechanism against the punishment of indolence and the desire, that uses the tyrannical action of the axiological rules. Its main function would be that of a bulwark against the deadly event par excellence: the *typus'* loss of personal value.

According to Tellenbach (1974/2015), the typical spatial and temporal ordering found in the situation of *includence*, which usually protect the *typus* from guilt and chance, are also decisive for the endogenetic transformation leading to the melancholic psychosis. Any change taking place in one's world risks transforming itself into a defeat and a loss of those emotional ties with the others that were created over time, through proximity and symbiotic communication.

His existence is immobilized in the world, it cannot change. The psychological lived experience is characterized by the impossibility of going beyond, of reaching something that is still not there. The space-time texture of the *typus'* way of being in the world, the sense and meaning emerging from the analysis of the lived time, i.e. the temporality, manifest themselves through a modality that prevents an authentic "self-projection" onto the future (Di Petta, 2009).

The phenomenological analysis clarifies the evolutionary steps from the *typus'* situation to the emergence of melancholy, although the shift from the reaction to the endogenous psychosis still remains unclarified.

Between the manifestations of the Endon are the rhythmic phenomena of the biological cycle, such as the alternation wake-sleep, the female genital cycle, and the vegetative alterations. All of them are original modalities of the human being that escape the will of the individual and, because of their inaccessibility, have the

character of an event that will happen to him, that he has not chosen.

On the other hand, Freud considered in need of further research, also on the somatic level, the nictemeral modifications, the vital nature of the affective alterations, or the alternation of good and bad days present in melancholy (Gozzetti, 2008). These alterations are precisely endogenous, without a relationship with an external cause.

In melancholy the annual and monthly rhythms, the menstrual rhythms and the daily rhythmicity in attunement with the environment, are all altered to a total monotony. We witness a dark fracture between the pre-melancholic and the melancholic situation. When the fracture deepens in an unsustainable way, the *endokinetics*, i.e., the *endogenetic* alterability of the vital history, determines a profound transformation of the Dasein, of the existential design of the human presence, based on the conflict between necessity and freedom.

THE GENESIS OF MELANCHOLIA AND THE TEMPORAL DIMENSION: NATURAL SCIENCES AND THE CLINICAL CONTRIBUTION

According to Stanghellini and Ballerini (1992), what really matters for the Being-in-the-World are not the happenings in their objectivity, but the way they are experienced, i.e. their significance. The permeability to certain events, which is reframed as vulnerability in a pathological dimension, are determined by endogenous typicalities. These are intended as specific tendencies to respond to an event in a certain way. Binswanger's (1928/1970) notion of "character" refers to this issue, and in effect it presents strict analogies with Tellenbach's (1974/2015) concept of Endon, elaborated on the basis of similar assumptions.

The character, or the Endon, is the quintessence of the Being-in-the-World, and shall be understood as the space of intersection between the biological and the psychic, and between the Ego and the world. In essence, the *Endon*, the field of causality that flanks the physical and the psychic, is made up of an invariant, constitutive element, and of an acquired, variant element.

It is involved in a pathogenesis related to the dynamics of vulnerability rather than to a strict causality. It is underlined the role of multiple factors, with internal influences colliding with influences of the concrete world in which the person lives, expressing a specific way of dealing with stressful events.

Tellenbach believed that the environment and the social values of the *typus* influenced the *Endon*, whose manifestations escape the will and conscience of the individual. In Western Christian Jewish culture, a general anthropological characteristic is high commitment to work. Therefore, scrupulous job and concern for the others' wellness are core values for the *typus*. In this perspective, strictly speaking the *Typus melancholicus* is not necessarily a premorbose character but an adaptive anthropological variant to Western society.

THE BIOLOGICAL CLOCK

In recent years biological psychiatry (Parek et al., 2018; Ma et al., 2019) has produced numerous scientific evidences of anomalies of the ultradian, infradian, circadian rhythms and rhythms of sleep, correlated to both pathogenesis and symptoms, in patients with affective disorders compared to healthy individuals. These anomalies would allow a better understanding of the pathophysiology and the response to therapies in affective disorders. In mammals, the suprachiasmatic nuclei of the hypothalamus would function as the principal circadian pacemaker (Geoffroy, 2018). The circadian rhythm is fundamental for some somatic processes, such as sleep, appetite, mood, body temperature, brain electrical activity, cell regeneration. Their temporal coordination, as well as their relationship with the external environment, are crucial for the wellbeing of the individual. In the central nervous system, a complex network of transcriptional and translational feedback mechanisms coordinates these biological rhythms. In turn, this network is influenced by stimuli from the environment, based on the circadian expression of the *clock* genes (*circadian locomotor output cycles kaput*), such as CLOCK, NPAS2, BMAL1, PER, CRY, REV-ERB α (or NR1D1), TIMELESS, and

ROR. Some alterations of circadian rhythms have been proposed as specific endophenotypes with characteristic circadian oscillations of mood hypersensitivity to light, melatonin and cortisol secretion. Furthermore, these characteristics would seem hereditary, suggesting that some of the genetic susceptibilities present in affective disorders correlate to the regulation of the circadian rhythm. A relative inability of the internal clock to adapt to environmental changes would contribute to creating the relapses and symptoms of affective disorders. Moreover, there may be a discrepancy between a person's internal biological rhythm and the rhythm imposed by his/her academic, social and work environment.

The role of *clock genes* in the etiopathogenesis of affective disorders needs further genome and epigenetic studies. The anomalies of the genetic expression of this biological clock would highlight, in addition to a genetic predisposition, a close relationship, both as a cause and as a consequence, among circadian rhythms, inability to adapt to environmental changes (such as exposure to light), impaired sleep homeostasis, monoaminergic alterations, drug response, and mood disorders.

THE TIME DEFEATED BY THE LOST RHYTHM

Especially at its descriptive level, phenomenology is an explanation of the essential meaning and the conditions of possibility of the phenomena offered to the experience, also to the psychiatric one. Methodologically situated beyond psychogenesis or somatogenesis, phenomenology conceives all the psychic phenomena as founded and represented in the *soma*. Nevertheless, the essence is not the cause, and the phenomenological constitution does not clarify the causal genesis: unquestionably, the formal conditions of possibility are necessary for the genesis, but they are not sufficient causes because they imply temporal "contents". The psychiatrist, unlike the philosopher, cannot entirely abstract from them, even temporarily.

It is necessary to show how the patients are "different", not why they are so (Tatossian, 1979/2003). The alteration of the lived time, its

impossibility to adapt in its constitutive moments, which is a key issue in clinical phenomenology, is evident in the melancholic person. His lived time becomes slow, stagnant and inaccessible to consciousness. In the melancholic person, struggling with the endogenesis, the action is devoid of resonance, the future is characterized by an inhibition of the becoming, the usual synchronism with the time of the world is lost. Here is based the pathogenesis of the melancholic condition intended as an alteration of temporalization.

In the progress of the *typus* from the pre-melancholic situation to the melancholy, some fundamental passages result in the catastrophe of the endogenous psychosis, where the stubborn will to action of the *Debet* definitively collapses. In the constellation of the *remanence*, the *typus* faces the threat of falling behind the realization of one's expectations. In melancholy, the phenomenology of lived time well describes the threat to temporalization, which risks to turn into a stagnation of the becoming. According to Tatossian (1979/2003, p.133):

"Perhaps more than the inclusion, it is the remanence that is situated at the heart of melancholy and its pathogenesis. Hence, in the anthropological phenomenology of melancholy, the disturbance of the lived time appears more rapidly than that of the lived space"

The progression towards melancholy is marked by continuous uncertainties and paralyzing doubts. This gap, this hiatus between the pre-depressive and the depressive situation, which is inaccessible to a psychological understanding, is the instant (but it can last weeks) in which the *Endon* intervenes. The *melancholic endocynesis* will evolve towards the different clinical forms of melancholy. In addition to the emergence of depressive symptoms:

"the Endon rhythmicity makes space for insomnia, sadness, agitation, and its global coherence is replaced by the dissociation between the persistence of the organic becoming and the stagnation of the internal time of the becoming. The Self of the *typus melancholicus* is hidden during melancholy, and that is why it can be revealed only after healing" (Tatossian, 1979/2003, p.135)

These temporal *Erlebnisse*, understood as an existential category, are those that are altered until reaching absolute monotony: the

figure of the *typus* existential anguish and its progressive sliding into the experience of the incomprehensible nothing. As such, they are the expression of a disease, which is always somatic.

DISCUSSION

In summary, the *typus* always attempts to safeguard the constellation of the world of *inclusion*, which is characterized by a space within safe and programmed human limits. Three components are dominant and cement his role: attachment to order; high-performance requirement; enhancement of work, moral and social duties. The axiological dimension feeds the dynamics of commitment and duty, which are the cardinal points to proceed in the present *situational* perspective. This pseudo-obsessive proceeding does not adapt to the concrete and often inevitable changes in the *situations* of the world of the *includence* (Tellenbach, 1974/2015).

According to Tatossian (1979/2003, p.135):

“the decisive sign of the endogenous nature of depression is that the subject becomes alien to himself because of the alterations of lived space and time. If melancholy entails the discontinuity of the subject as a constitutive element, then we must deny, with Tellenbach, the existence of reactive melancholy, because the notion of reaction implies the continuity of the subject”

Tellenbach (1974/2015) underlines the importance of the melancholic daily oscillations of symptoms and of the vital sadness. A sadness that is almost somatic and highlights that its roots are in the corporeality, devoid of intentionality, not influenced by events. It is a very painful suffering, undescribable, hopeless and with its apex in the morning.

The feeling of guilt, incapacity and impossibility, completely absorbs the subject in an irrepressible lamentation, to the point of becoming as alien to himself up to the negation of himself in a condition of total impotence: the fundamental and essential theme, which is not of psychological nature, is expressed in the most varied and interchangeable forms. This theme concerns the loss, mingled with anguish and melancholic suffering. In terms of guilt, the patient attributes to himself with unshakable evidence all the evils of the world, and, in doing so, he restores a position of grandiose activity and omnipotence.

Gozzetti (2008, p.122) hypothesizes a level of protomental functioning, with some relationship with the *Endon*, which is on the border between the somatic and the psychic, i.e. a somatopsychic or even psychosomatic:

“The characteristics of this level, in which transformations from the mental to the somatic can occur, and therefore towards illness, have many analogies with Tellenbach’s *Endon*. I cannot resist the temptation to hypothesize that in melancholy this fall into the *Endon*, alias in the protomental, happens precisely to a person with an internal structure, strictly linked to the living in the group and for the group, how the *Typus* is”

Tellenbach (1974/2015) captures the essence of the body-psyche bridge when he describes the so-called *instant* of the endo-cosmogenetic transformation, which is at the origin of melancholia, as a path hidden from our gaze. The melancholic psychosis “emerges from the mists of the unrecognizable” with its phenomenic aspects of *despair* and *doubt*.

The clinician recognizes that the clinic phenomena radically change their way of manifesting themselves, moving from the psychogenic to the endogenous dimension (Aragona, 2009). In the psychogenous order the correspondence between the motivations of the subject are never interrupted, they can be understood in relation to the history of the subject, which remains connected to the clinical manifestation. On the contrary, in the endogenous order, from the formal-phenomenal point of view, the themes appear disconnected from the motivations, and therefore from the history of the subject. The ego no longer dominates its theme and cannot dispose of it, but it is possessed and driven by it (Vella, 2019). We can still understand the theme of the melancholic situation, which may remain the same. However, the way of manifestation of despair is no longer understandable, because the relationship between the Self and its theme is radically transformed. Properly non-understandable is this hiatus between the pre-melancholic phase and the melancholy, which is a neutral zone from which it is difficult to withdraw.

The instant of which Tellenbach talks, otherwise said hiatus by Tatossian, marks a sort of point of no return, imposing itself first

as a “way” of the corporeality rather than as its “what”, signaling a close relationship between soma and psyche. This relationship, and the fluctuation between objective and subjective epistemology, has led Weitbrecht (1963/1970) to point out that the effects of the *Endon* manifest themselves in the medium of the somatic. I.e., as a way that can induce in the somatic dimension certain processes not yet demonstrable, from which arise in the psychic field those marked and conspicuous alterations that are called endogenous psychoses. Nevertheless, it is above all Schneider (1962/1983) that stressed that the concept of “endogenous”, as it is used in classical psychiatry, is nothing more than a periphrasis to properly mean that the existence of a somatic pathological event is presupposed even if not yet known.

About the subjective experience of time, Agresti (2001, p.118) says that:

“it may seem obvious that the mind identifies with brain functions, at least for an epistemology that wants to be scientific. However, we believe that at present, it is not possible to identify the most complex mental functions with precise neurophysiological substrates”

Nonetheless, recent scientific discoveries on the genome are throwing new light on affective disorders, particularly on the etiopathogenesis of endogenous psychoses. The action of the *Clock* genetic polymorphism would influence the experience of time. Ontologically, this finding can be interpreted in neurobiological terms. Therefore, the influence of the soma on the psyche, not assumed in a merely causal sense, would seem to correlate with the *Erlebnis* of the loss of resonance with the world, through frozen vegetative rhythmicity and the alteration of temporalization, when the *typus* encounters that situation to which he is vulnerable. Here we are back again to the classic concept of the “incomprehensibility” of the endogenous psychoses, with the alleged organic substrate of Jaspers’ Psychopathology, and with the meaning of the body as a pre-categorical foundation.

In essence, the *typus*, which is an *ontic* form of temporalization, could be influenced by a sort of dysfunctional biological clock that can set in motion a sequence of events leading to melancholy. The *Clock* genetic polymorphism

cannot be identified *tout court* with the *Endon*. Nevertheless, in mood disorders it illustrates a somatic-psyche reliable pathogenic relationship. If the subjective lived time of consciousness can be conditioned by a genetically determined timing, the morbid qualitative change in the temporalization of melancholy, i.e., the characteristic lived time of depression, would be correlated to a specific somatic morbid noxa, calling into question the concept of *Endon*. In effect, according to Tellenbach, the properly endogenous pathogenesis of melancholia is characterized by an unexpected change in the life situation, with the inevitable risk of falling behind one’s obligations, that threatens the stability achieved.

It is here, in ways that differ from the exogenous reaction *tout court* and from the somatic genesis of classical psychopathology, that the endogenous causality continues to manifest itself, according to a perspective that still illuminates the genesis of the psychosis.

CONCLUSIONS

The recent discoveries of the genetic mechanisms underlying the control of circadian rhythms suggest analogies with the protomental area of the Endogenous, intended as a topos at the crossroad between “lived experience” and somatic genesis.

However, such scientific evidence is not the solution of ancient ontological oppositions on the *Endon*, seen either as an autonomous dimension siding both soma and psyche, or as a direct expression of the soma. The important discoveries of the mechanisms of the *Clock* polymorphism risk hypostatizing the biological conceptualization of the *Endon* by identifying the *Clock* system with the *Endon*, thus explaining the phenomena that from the pre-melancholic situation lead to melancholy. The risk is that of trivializing the importance of the clinical observation, which is the only method that can grasp, qualitatively and structurally, the history and phenomenal development of the clinical picture, as well as the patients’ subjective experience. In this perspective, the phenomenological method appears useful to make a thorough evaluation of the constellation of lived experiences that are

embodied and articulated with the biological data, and that through the endocynesis lead to the endogenous psychosis.

Tellenbach's pathogenic perspective of melancholy concerns the reaction to events and the vulnerability of the person. The new biological acquisitions can illuminate the incontrovertible clinical data of the melancholic endocynesis, creating a bridge that correlates the biological and the clinical empirical methods, the person and the environment.

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